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ARMY MEDICAL LIBRARY

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

W E E K L Y B U L L E T I N

For Period

29 November - 5 December

1948

Number 101

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Attached hereto is a copy of the report of the
Government of the United States of America

of the
Department of the Interior

Thomas Jefferson

Reference is made to the report of the
Department of the Interior

Report of the Department of the Interior
relating to the
the following

Investigation of the

Department of the Interior

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SECTION I

GENERAL

Attached hereto as Inclosure #1 are Ministerial Instructions to Prefectural Governments for period 11 - 23 October.

SECTION II

PREVENTIVE MEDICINE DIVISION

Typhus Fever Control

Reference: Public Health and Welfare Technical Bulletin #3
Rickettsial Diseases in Japan and Korea - February 1947.

Reports of the occurrence of typhus fever now being received from the various prefectures in Japan reflect the anticipated seasonal increase of this disease. The following are points which should be emphasized in connection with the typhus control program:

Louse-borne (Epidemic Typhus)

Before cases occur

1. Protective Immunization - Persons in crowded areas of the larger cities, jails, orphanages, mental hospitals, old peoples homes, vagrants, inter-city commuters, if practical, in larger cities.
2. Louse Population Surveys - cursory louse surveys of persons in places mentioned above.
3. Louse Control in places where louse population is high (vagrants in particular) using 10% DDT dust.

When cases occur

1. Immediate reporting of any suspect or proven case - a suspect being "any person with elevated temperature and headache of sudden or gradual onset" - unless the person is suffering from some other definitely recognizable disease. Suspect cases should be reported within two hours after discovery!
2. Delousing of patient with 10% DDT dust only.
3. Isolation and hospitalization of patient within eight hours after discovery.
4. Delousing and immunization of immediate contacts within the household, institution, camp, etc., within eight hours after discovery of patient.
5. Contact-tracing - Delousing and immunization of any contacts, (relatives or visitors of the patient) and repeat in 7 - 10 days.
6. "Focal" delousing and immunization in the vicinity of suspect cases or proven cases. (Repeat in 7 - 10 days).
7. Rickettsicidal-residual - effect sprays, (5% DDT spray plus cresolis - 2% in final solution) apply to railway stations, theaters, jails, railway coaches, streetcars, etc., at 30 day intervals.

Murine (Flea-borne) Typhus

1. Follow same procedures as for Epidemic (louse-borne) typhus.
2. In addition
 - a. Control of Fleas.

Pre-dusting of houses, sheds, stores, other buildings infested with rats. Preceding rat control campaigns, 10% DDT dust should be applied along rat run-ways, rat harborages, around entrances to rat burrows, around and under buildings, in attics, and other places frequented by rats.

- b. Rodent control operations: Using recommended methods of control,
- c. Use of DDT or Pyrethrum emulsion sprays (containing 2% cresolis in final content) will tend to control rat mite infestations of homes. In additions such sprays have a killing effect on lice, fleas and miscellaneous household insects, as well as rickettsiae of typhus fever which may be present in fecal droppings of lice, fleas and certain mites.

In order to accurately determine the type of typhus fever which may be present in any given area it is important that proper serological studies be made. During the past three typhus seasons, blood serum samples have been tested from the great majority of cases (suspect and proven). From the results of these tests a picture of the distribution of the typhus fevers in Japan is gradually developing. It is urged that serum samples from every suspect or clinically diagnosed case of typhus fever be obtained for subsequent study. Three serum samples are highly desirable:

1st sample - at date of onset or as near this date as possible.

2nd sample - during the latter part of the 2nd week of illness - following date of onset.

3rd sample - during the latter part of the 3rd week or early part of the 4th week of illness, following date of onset.

Blood (at least 10cc) should be drawn in sufficient quantity to be of value in serological studies. The usual aseptic precautions should be observed. Samples should be sent to the 406th Medical General Laboratory in Tokyo using facilities of the 3rd Military Railway Service.

Tuberculosis Control

From the public health standpoint case finding and case supervision are two of the most important techniques in tuberculosis control. So much thought, time and effort are devoted to the former that the matter of supervision is often neglected or completely forgotten. We are at a stage in Japan where case finding is relatively highly developed, but case supervision is badly neglected.

Proper case supervision means that public health authorities keep track of and aid each case of tuberculosis from time of diagnosis. Even in the instance of arrested cases they should be contacted at regular intervals every few years.

Practically, this means that each Health Center should keep a tickler file of all diagnosed cases in its district regardless of whether the case is under public or private treatment. The file should indicate when the next event (visit to doctor, visit of nurse, possible entrance to or discharge from sanatoriums, etc.) is to take place. At that time it is the duty of the register clerk to check with the patient or other concerned to see if the scheduled event has taken place and if not why.

Such a register has great potential value as an aid to health authorities in showing where special aid is needed. It also serves as a necessary reminder to insure that no case is overlooked. As an example such aid may involve aiding the patient to gain entrance to a sanatorium or in obtaining necessary benefits from the Daily Life Security law, insurance benefits, etc. Many times patients do not know what aids are available or how to obtain them.

The importance of this type of effort becomes apparent when one remembers that tuberculosis is a disease of long time duration and that the patient cannot satisfactorily take "the cure" if he is unduly worried about his family.

Human beings are prone to be forgetful and neglectful. That is where the alarm clock idea of the tickler file comes in - to remind the public health officials of their duty.

Public Health Information and Education

Press Releases Concerning Reorganization of the Health Center System in Japan.

Reference Section II, Weekly Bulletins Nos. 92 and 95. Inclosed with this Bulletin, are Nos. 5 and 6, (Incls. 3 and 3) in a series of press releases on Reorganization of the Health Center System in Japan. Subject inclosures are basic information released at press conferences on the above subject in Tokyo on 8 November and 1 December 1948 respectively. Subject press conferences concerned (1) venereal disease control and (2) communicable disease control programs under the new health center system.

Training of Public Health Personnel

The National Public Service Authority is establishing job qualifications which will require certain training requirements for eligibility to take the examinations for promotion for Civil Service positions under the National Public Service Law. These positions will require completion of courses in training at the Institute of Public Health in the various specialties. It is anticipated that within the near future Civil Service will be established at the prefecture and health center level. Qualifications for eligibility to take competitive examinations for promotions in prefecture health departments and health centers will also require successful completion of courses in the various specialties, such as are given in the Institute of Public Health.

These facts should be brought to the attention of the prefecture health department chiefs and health center chiefs, in order that they themselves and the key personnel within their organizations may take advantage of the present courses and thereby establish their qualifications for eligibility to take competitive examinations for promotions in the future. If they defer indefinitely taking these courses until such laws are placed into effect, they will probably find themselves unable to take the courses at the last moment, due to limited capacity at the schools.

Refresher Courses

The following refresher courses for public health personnel will begin on 10 January 1949 at the Institute of Public Health in Tokyo.

Public Health Officers (Medical)	Duration	3 Months
Sanitarians	"	10 Weeks
Public Health Pharmacists	"	2 Months
Public Health Veterinarians	"	2 Months

These courses are the principal means for training the personnel needed to administer the rapidly expanding public health program. In the past comparatively few persons in responsible positions have been sent to the Institute to receive the benefit of this training as indicated in the table below. It is essential that the leaders in the various sections of the public health organizations be acquainted with modern developments and the program for their application. Hence, every effort should be made to see that such persons are sent to courses at the Institute even though it may cause temporary inconvenience to the local public health organization.

The next course for Sanitarians is designed principally for the chiefs of the sanitation sections in Health Centers and will emphasize environmental sanitation and the administration of local programs and organizations.

The chiefs of sanitation sections have the responsibility of carrying out insect and rodent control programs which involves the expenditure of large sums of money. It is essential that they be able to direct such work intelligently. The Sanitarians course will end about the middle of March so that those in attendance can return home in time to institute the summer program for environmental sanitation.

It is again emphasized that all categories of personnel selected to attend courses at the Institute of Public Health must be selected on the basis of leadership and the improvement of the local health organization. It is a waste of time, effort and money to send individuals with inferior qualifications or those who do not have permanent interest in public health programs. Military Government Health Officers are urged to use their influence to see that properly qualified persons are sent for training. An official announcement of the courses is being sent to prefectural Governors by the Ministry of Welfare.

ANALYSIS OF ATTENDANCE AT COURSES - APRIL 1947 - DECEMBER 1948

PUBLIC HEALTH SANITARIANS

POSITION	2nd Class or Equivalent	3rd Class or Equivalent	Employee	Total
<u>Prefectural Health Department</u>				
Division Chief	0	0	0	0
Technical Official	1	124	5	130
<u>Health Center</u>				
Section Chief	0	0	0	0
Technical Official	0	132	2	134
<u>Municipal Office</u>				
Technical Official	0	5	1	6
<u>Others</u> (Laboratory or Hospital)	0	3	0	3
TOTAL for 6 Courses	1	264	8	273

MEDICAL HEALTH OFFICERS

<u>Prefectural Health Department</u>				
Director	0	0		0
Chief of Section	0	0		0
Chief of Division	5	0		5
Technical Official	26	17		43
<u>Health Center</u>				
Director	90	2		92
Chief of Section	4	0		4
Technical Official	30	69		99
<u>Others</u>	3	1		4
TOTAL for 6 Courses	158	89		247

ANALYSIS OF ATTENDANCE AT COURSES - APRIL 1947 - DECEMBER 1948 (Cont'd).

PUBLIC HEALTH PHARMACISTS

POSITION	2nd Class or Equivalent	3rd Class or Equivalent	Employee	Total
<u>Prefectural Health Department</u>				
Division Chief	0	0	0	0
Technical Official	0	118	3	121
<u>Health Center</u>				
Chief of Section	0	0	0	0
Technical Official	0	44	1	45
<u>Municipal Office</u>				
Technical Official		2		2
<u>Others</u>	0	0	0	0
TOTAL for 4 Courses		166	4	172

PUBLIC HEALTH VETERINARIANS

<u>Prefectural Health Department</u>				
Division Chief	3	0	0	3
Technical Official	2	90	0	92
<u>Health Center</u>				
Section Chief	1	3	0	4
Technical Official	0	79	0	79
<u>Others</u>	0	1	0	1
TOTAL for 4 Courses	6	173	0	179

SECTION III

VETERINARY AFFAIRS DIVISION

Food Sanitation:

The monthly report as consolidated by the Ministry of Welfare discloses information that many prefectures are not inspecting as many food establishments as they should according to the number of inspectors available. Every effort possible should be concentrated on regular inspections so as to provide an adequate inspection coverage of all food establishments. There are some prefectures that are not collecting food samples for laboratory analysis and are not submitting complete report data for the information of the Ministry of Welfare.

Sea-Food Inspection:

Materials for correction and improvement of sanitary facilities in ration and distribution markets are given a high priority and many critical items necessary in repairing of cold storage plants utilized for preservation of sea-food has been removed from the restricted list. Among these items are ammonia, cement, insulating material and lumber. Inspectors should bring this to the attention of the owners of such establishments.

The prefectures in which sea-food is processed as an item for export, should be inspected frequently and sanitary deficiencies corrected as early as possible.

Weekly Animal Disease Report

The Animal Hygiene Section, Ministry of Agriculture and Forestry reported the following outbreak of diseases for the period 27 November - 3 December.

<u>Prefecture</u>	<u>Disease</u>	<u>Number of Cases</u>
Niigata	Swine Erysipelas	2
Nagano	" "	1
Fukuoka	Anthrax	1 (horse)

SECTION IV

NURSING AFFAIRS DIVISION

Education

The Model Demonstration School of Nursing in Tokyo is making steady progress. The incinerator near the Tuberculosis Ward has been completed and is ready for use. The former barber shop is ready to be converted into a formula room with the present formula room to be utilized as a special diet kitchen. The construction of the new nursery has been completed and will be ready for occupancy when the electricity and plumbing is installed.

Conferences were held in an endeavor to improve the nurses' curriculum. Revisions were made in the hours and subjects. Japanese doctors and nurses from other hospitals have been constantly observing the program in operation which has stimulated interest among other prefectures as well as Tokyo-to.

The rotation plan for nurses on night duty, both graduates and students, is progressing satisfactorily.

Public Health in the Undergraduate Course at the Model Demonstration School.

Eleven students are currently receiving their field training. In order to strengthen other health agencies, arrangements were made for the Tokyo-to Department of Health to send a nurse to work with this program for one month in order that she might see how the program functions. The nurse from the Institute of Public Health requested that she be allowed to go into the course and observe the home visiting and teaching program. The help rendered these other agencies will provide a better coordinated program.

Home Care for Tuberculosis Patients

A program has been set up for a more complete job of teaching in the tuberculosis patients' home. Because of the inadequate facilities for hospitalization of tuberculosis patients there are many active cases living at home. These patients are cared for by the family under the supervision of the Public Health Nurse. Thus

far the nurse has taught care chiefly through verbal instructions. In an effort to improve the skills of the nurse and to better teach the family, a unit of classes has been outlined.

The plan is to have classes at the hospital where a family member who is responsible for the care of the patient can come and observe demonstrations of nursing care after which a practice period will be provided for the student. By teaching groups, one nurse can accomplish much more than by trying to do all of her teaching to individuals in the home. These classes will be held once a week and the nurse will follow each class with home visits to see how well the student applies the nursing knowledge gained in the class in relation to the home situation.

The First National Hospital

The teaching program is progressing with the nurses now supervising the students on the wards. Classes in Ward Administration have been completed. The nurses are now applying this teaching in their daily activities.

Another group of graduates are being given in-service training beginning this week.

Publications

The pamphlet entitled "Mr. Tuberculosis Patient and You" is now available for ¥30.

Orders may be placed with Dr. Chizuto Ohta, Medical Friend, Tokyo, Japan.

SECTION V

SUPPLY DIVISION

General

It is encouraging to read various comments in the Military Government Monthly Activities Reports for October. Despite the fact that these reports contain more complaints than has been the case in past months, the deficiencies are those which require local action for correction or are those which are due to general shortages throughout Japan of the items specified.

In this latter group are the cotton sanitary materials. Reference is made to comments in previous issues of the Public Health and Welfare Weekly Bulletin on this subject, in particular to reports of production and distribution data in Bulletin No. 97 (1-7 November) and Bulletin No. 98 (8-14 November), in which the cause of the limited availability of these materials was explained, i.e., the withholding of supplies in all echelons of production and distribution awaiting the establishment of new higher official prices. Following the publication of these prices early in October, a marked improvement of production and distribution is evident in recent reports received from the Ministry of Welfare. Continued improvement should develop in the coming months.

The shortage of anthelmintic drugs is another widespread condition due to overall critical supply. However, the adoption in the very near future of the new minimum standards for hexylresorcinol and its subsequent release for distribution will materially alleviate this shortage. More information on this release will be published shortly in the Public Health and Welfare Weekly Bulletin.

The complaints referred to above as those requiring local corrective action, are such problems as those of poor planning by prefectural government supply officials or by local Health Center supply officials. The importance of pre-planning in public health supply cannot be over-emphasized. Health Centers and prefectural Health Officers must maintain adequate records on stock control, including receipts, issues and stock levels based on actual consumption figures. Requests for supplies must be planned in advance and forwarded to the appropriate agency in sufficient time to allow for possible transportation difficulties. Close

coordination is essential with other public health agencies at the local level to assure that supplies are requested to fulfill the needs of the many public health programs to be carried out, such as insect and rodent control, VD control, environmental sanitation, immunization programs, etc. In addition, reserves for emergency are to be considered in the planning.

Prefectural officials must maintain detailed records upon which to base the allocation of controlled items of supply to assure a just and equitable distribution. It is their responsibility to expeditiously disseminate supply information to all concerned, and to process ration credentials for those individuals authorized to enable them to advantageously use the limited supplies of controlled items available. Constant vigilance and adequate training of supply officials is of prime importance.

It is encouraging, too, to find evidence in the Monthly Activities Reports that the Military Government Health Officers are giving such close attention to supply activities and supply conditions. Their expressed views on such matters is assured of detailed perusal and close study by the Supply Division of Public Health and Welfare Section. Their comments and suggestions are helpful in evaluating the effects on the local operating level of policies put into operation at the national level. It is hoped that such interest and communication of information via the Monthly Reports will continue.

Distribution

During the period 21-27 November, 5,049 pieces of dusting and spraying equipment were distributed to 14 prefectures as follows:

<u>Prefecture</u>	<u>DDT Duster</u>	<u>Knapsack Sprayer</u>	<u>Semi-Automatic Sprayer</u>	<u>Hand Sprayer</u>	<u>Engine Sprayer</u>
Akita		206			
Yamagata		1	2		
Chiba		3	2		
Tokyo		1			1
Niigata		50			
Osaka			50	50	
Hyogo	600	152			
Wakayama			30		6
Tottori		96		30	
Hiroshima	1,200	720			
Yamaguchi	1,320	156	18		
Fukuoka	100				
Nagasaki		5			
Oita			200		
TOTAL	3,220	1,390	352	80	7

On 19 and 24 November two shipments of smallpox vaccine of 1,300 and 125,000 doses respectively were made to Korea. These were emergency shipments of Japanese-made vaccine supplied to USAFIK Liaison representatives in Japan to be used to check spread of an outbreak of a smallpox epidemic.

Ministry of Welfare officials have requested permission to make a redistribution of released vehicles necessitated by changes in conditions which have taken place since original allocation was made. This redistribution plan has been studied carefully with Ministry officials and adequate justification has been presented for making the changes as listed.

The changes as approved are as follows:

<u>Location Prefecture</u>	<u>Present User</u>	<u>Type of Vehicle</u>	<u>Reason for Change</u>	<u>New User</u>	<u>Location</u>
Tokyo	Quarantine Section, Min. of Welfare	Weapons Carrier	Change in location only being made. Use will be the same as in old location	Sasebo Quarantine Station	Nagasaki
Tokyo	Liaison Sect. Welfare Mini- sters Secretariat	Command Car	Japanese Government vehicle has become available. 200 bed hospital with no vehicle.	Hirasuka Kyosai Hospital	Kanagawa
Osaka	Acute Infect. Disease Prev. Sect., Osaka- fu Sanitation Division	1-ton trailer & water trailer	Not being utilized at present location and a need for this equipment at new location.	Kinki Br. Office, Med. Affairs Bur. Min. of welfare	Osaka
Miyagi	Acute Inf. Dis. Prev. Sect. Sanit. Div.	Weapons Carrier	Vehicle is not being used, has been in storage. Requested transfer be made.	National Sanatorium Midorigaoka Hospital	Fukushima
Chiba	Funabashi Municipal Amanuma Hospital	Weapons Carrier	Vehicle was wrecked Mar 48, has been unused due to lack of funds for repair exp. New users state they will be able to make repairs.	Yamaguchi Prefectural Central Hospital	Yamaguchi
Hiroshima	Public Health Sect. Hiro- shima City	Weapons Carrier	Hiroshima officials requested Min. of Welfare permission to return. State they can't use it.	Attached Hospital of Tokyo Dental Univ.	Tokyo
Hiroshima	Public Health Sect. Hiro- shima City	1-ton Trailer	"	Omiya Red Cross Hospital	Saitama
Tokyo	Metropolitan Akasaka Hosp.	Weapons Carrier	Hospital has been closed.	Metropolitan Honjo Hosp.	Tokyo
Tokyo	Metropolitan Toyotama Hospital	Ambulance	Not being fully utilized.	Disease Prev. Sect., Sanit. Bureau Tokyo Metropolis	Tokyo

Production

A total of 4,631 pieces of the various types of DDT dusting and spraying equipment for insect control programs was produced during the period 21 - 27 November.

During the period 21 - 27 November, 106,000 pounds of 10% DDT dust, 3,655 gallons of 5% DDT residual effect spray, and 250 vials of typhus vaccine were distributed. At the same time, 266,000 pounds of 10% DDT dust, 32,050 gallons of 5% DDT spray, and 13,300 vials of typhus vaccine were received, leaving inventory stocks on hand at regional warehouses of the Ministry of Welfare of 2,199,780 pounds of 10% DDT dust, 544,067 gallons of 5% DDT spray and 56,988 vials of typhus vaccine.

Additional available stocks of typhus vaccine, already produced and passed national assay tests, in the hands of the biological manufacturing laboratories and factories, as of 27 November, totaled 119,364 cc.

The substandard coal allocation by the Ministry of Commerce and Industry for the Ministry of Welfare's category "Medicine Production" under the major category "Chemical Industry", for October - December, totaled 9,650 tons. This amount was broken down as follows:

<u>District</u>	<u>Allocation</u>
Hokkaido	900 tons
Kanto-Shinetsu	2,200 tons
Tokai	300 tons
Kinki	4,000 tons
Chugoku	500 tons
Shikoku	250 tons
Kyushu	<u>1,500 tons</u>
TOTAL	9,650 tons

The calorie content of this substandard coal is listed as 3,000 - 4,000. Detailed breakdown of the district allocations is furnished Ministry of Commerce and Industry by the Ministry of Welfare. The local coal bureaus were then instructed to make the substandard coal allocation, as furnished in the following table: (Unit: Metric tons).

<u>District</u>	<u>Name of Company</u>	<u>Factory</u>	<u>Location</u>	<u>Allocated Amount of Substandard Coal</u>
Hokkaido	Godo Shusei		Asahikawa-city	70
	Hokkaido Yakuhin Kogyo	Otaru	Otaru-city	50
	Nihon Kato	Sapporo	Sapporo-city	30
	"	Hakodate	Hakodate-city	50
	Torii Seiyaku	Sapporo	Sapporo-city	70
	Nihon Shinyaku	"	"	50
	Hokkaido Rakaco Kyodo	Maeho	"	"
	Chugai Seiyaku	Kuchian	Hiruda-gun	180
	Takeda Yakuhin Kogyo	Kotoji	Sapporo-city	50
	Taihei Seiyaku		Obihiro-city	30
	Toho Shinyaku		Yuburai-gun	30
	Kawai Seiyakusho		Hakodate-city	30
	Kitahama Yakuhin		Jyuto-gun	30
	Doto Nosan Kagaku		Obihiro-city	30
	Hokkai Kagaku Sangyo		Asahikawa-city	30
	Meiji Seika		Hakodate-city	30
	Morinaga Yakuhin		Sapporo-city	30
	Nihon Kanyu Kogyo		Soya-gun	15
	Iwami Seiyakusho		Hakodate-city	15
	Hokuto Seiyaku		Sapporo-city	<u>30</u>
	Sub-Total			900
Kanto-Shinetsu	Sankyo K.K.	Shinagawa	Shinagawa-ku	180
	"	Kameari	Katsushika-ku	150
	Takeda Yakuhin Kogyo	Takada	Toshima-ku	100
	Daiichi Seiyaku	Hirai	Edogawa-ku	60
	"	Yanagijima	Sumida-ku	60
	"	Funabori	Edogawa-ku	180
	Nihon Kayaku		Kita-ku	100
	Hodogaya Kagaku Kogyo	Oshima	Koto-ku	60
	Wakamoto Seiyaku	Tokyo	Setagaya-ku	<u>150</u>

<u>District</u>	<u>Name of Company</u>	<u>Factory</u>	<u>Location</u>	Allocated Amount of Substandard <u>Coal</u>
Kanto-Shin- etsu (Contd).	Nakamura-taki Seiyaku		Toshima-ku	150
	Hodogaya Kagaku Kogyo	Tokyo	Kita-ku	120
	K.K. Kagaku Kenkyusho		Bunkyo-ku	75
	Showa Yakuhin Kako		Otaku	100
	Suisan Kagaku Kogyo		Funabashi-city	100
	Nihon Penicillin		Chiba-ken	45
	Daito Shokusan		Odawara-city	100
	Meiji Seika		Kawasaki-city	350
	Sankyo K.K.	Kusaka	Saitama-ken	120
	Sub-Total			2,200
Tokai-Hoku- riku	Morinaga Yakuhin	Oba	Shizuoka-ken	30
	Toyo Kozo		"	40
	Sanyo Yushi		Nagoya-city	50
	Banyu Seiyaku	Okazaki	Okazaki-city	30
	Nihon Soda	Takaoka	Takaoka-city	150
	Sub-Total			300
Kinki	Sankyo K.K.	Osaka	Osaka-city	30
	Shionogi Seiyaku	Yodogawa	"	80
	"	Urae	"	80
	Tanabe Seiyaku	Kajima	"	160
	"	Honsha	"	120
	Takeda Yakuhin Kogyo	Jyuso	"	960
	"	Sakai Higashi	"	50
	Dainippon Seiyaku	Daiichi	"	240
	Dainippon Vitamin	Fukita	Fukita-city	30
	Daiichi Seiyaku	Takatsuki	Takatsuki-city	430
	Toyo Seiyaku Kasei	Dekijima	Osaka-city	80
	Nishin Kagaku Kogyo	Nishijima	"	250
	"	Kasugade	"	215
	Fujisawa Yakuhin Kogyo	Fajima	"	80
	Mitsubishi Kasei		"	50
	Meiji Nyugyo K.K.		"	60
	Yagumo Kagaku		"	30
	Sanwa Kako		"	20
	Towa Seiyaku		"	10
	Daiei Rikagaku Kogyo		"	15
	Fukui Seiyaku		"	5
	Ueno Seiyaku	Itami	Hyogo-ku	60
	Kuroishi Seiyaku		Amagasaki-city	20
	Shionogi Seiyaku	Akaho	Hyogo-ken	50
	"	Kuise	Amagasaki-city	515
	Takeda Yakuhin Kogyo	Inagawa	Hyogo-ken	45
	Wako Junyaku K.K.		Amagasaki-city	50
	Teikoku Kagaku Sangyo	Itami	Itami-city	40
	Daito Shokusan		Kobe-city	120
	Yamato Kagaku Kogyo		Nishinomiya-city	10
	Uji Kagaku Kogyo		Kyoto-fu	30
	Teikoku Kagaku Sangyo		Kyoto-city	20
	Yamanouchi Seiyaku		"	15
	Toyo Reigyon K.K.		Ctsu-city	30
	Sub-total			4,000

<u>District</u>	<u>Name of Company</u>	<u>Factory</u>	<u>Location</u>	Allocated
				Amount of Substandard Coal
Chugoku	Hayashi Seiyaku		Okayama-city	50
	Tanabe Seiyaku		Onoda-city	250
	Takeda Yakuhin Kogyo		Hikari-city	200
	Sub-total			500
Shikoku	Otsuka Seiyakusho		Naruto-city	90
	Tomita Seiyaku		Tokushima-ken	70
	Nihon Shiryo Kogyo		Tokushima-city	30
	Inuu Yakuhin Kogyo		Takamatsu-city	30
	Nihon Magnesium		Sakamoto-city	30
	Sub-total			250
Kyushu	Kumamoto Yakuhin Kogyo		Kumamoto-city	30
	Misasa Seiyaku		"	15
	Jikeido Seiyaku		"	30
	Sakura Kagaku Kogyo		"	30
	Kumamoto-ken Seiyaku		"	15
	Yoshitomi Seiyaku		Fukuoka-ken	700
	Mitsu Kagaku Kogyo		Omuda-city	250
	Nihon Kato		Fukuoka-city	15
	Mitsubishi Kasei	Kurosaki	Yahata-city	150
	Nihon Yakuhin Kogyo		Fukuoka-city	15
	Mitsubishi Kasei		Yahata-city	45
	Asahi Kagaku		Fukuoka-ken	15
	Nihon Kagaku		Ogura-city	30
	Shirojima Seiyakusho		Fukuoka-ken	15
	Tokyo Eiyo Kenkyusho		"	15
	Sub-total			1,500
	Grand Total			9,650

The plan of standard coal and lignite allocation for the October-December period was formulated as follows: (Unit: Metric tons)

<u>District</u>	<u>Standard Coal Allocation</u>	<u>Lignite Allocation</u>
Hokkaido	650	-
Tohoku	650	2,700
Kanto Shinetsu	7,850	8,100
Tokai	1,150	5,000
Kinki	8,800	10,550
Chugoku	500	200
Yamaguchi	550	-
Shikoku	250	350
Kyushu	1,600	100
Total -	22,000	27,000

Further detailed breakdown by prefectures is furnished as follows:
(Unit: Metric tons)

<u>District</u>	<u>Prefecture</u>	<u>Standard Coal Allocation</u>	<u>Lignite Allocation</u>
Hokkaido	Hokkaido	650	-
	Sub-total	650	-

<u>District</u>	<u>Prefecture</u>	<u>Standard Coal Allocation</u>	<u>Lignite Allocation</u>
Tohoku	Aomori	-	90
	Yamagata	140	1,305
	Iwate	5	45
	Miyagi	90	95
	Fukushima	<u>415</u>	<u>1,165</u>
	Sub-total	650	2,700
Kanto	Tokyo	5,341	5,650
	Chiba	403	705
	Ibaraki	12	30
	Gunma	42	225
	Saitama	<u>446</u>	<u>520</u>
	Kanagawa	992	935
	Nagano	90	35
	Niigata	<u>523</u>	<u> </u>
	Sub-total	7,850	8,100
Tokai	Shizuoka	261	995
	Aichi	611	2,430
	Gifu	25	15
	Mie	8	195
	Toyama	240	1,365
	Ishikawa	<u>5</u>	<u> </u>
	Sub-total	1,150	5,000
Kinki	Fukui	65	
	Nara	30	60
	Wakayama	55	80
	Shiga	108	
	Kyoto	705	1,040
	Osaka	6,457	7,315
	Hyogo	<u>1,380</u>	<u>2,055</u>
	Sub-total	8,800	10,550
Chugoku	Hiroshima	292	195
	Okayama	200	5
	Shimane	<u>8</u>	<u> </u>
	Sub-total	500	200
Yamaguchi	Yamaguchi	<u>550</u>	
	Sub-total	550	
Shikoku	Tokushima	200	220
	Kochi	15	
	Ehime	18	30
	Kagawa	<u>17</u>	<u>100</u>
	Sub-total	250	350

<u>District</u>	<u>Prefecture</u>	<u>Standard Coal Allocation</u>	<u>Lignite Allocation</u>
Kyushu	Saga	51	
	Kumamoto	105	
	Fukuoka	1,390	35
	Oita	4	
	Nagasaki		65
	Kagoshima	<u>50</u>	
	Sub-total	1,600	100
	Grand Total	<u>22,000</u>	<u>27,000</u>

The plan of allocation of 2,000 tons of standard coal, taken from the Public Health and Welfare sub-category "Hospital Use" and given to the chemicals sub-category "Medicine Production", for October - December, was formulated as follows:
(Unit: metric tons)

<u>District</u>	<u>Standard Coal Allocation</u>
Hokkaido	50
Kanto-Shinetsu	750
Tokai	50
Kinki	1,000
Shikoku	50
Kyushu	<u>100</u>
Total	2,000

Further detailed breakdown by prefectures is furnished as follows:
(Unit: Metric tons)

<u>District</u>	<u>Prefecture</u>	<u>Standard Coal Allocation</u>
Hokkaido	Hokkaido	<u>50</u>
	Sub-Total	50
Kanto	Tokyo	515
	Chiba	45
	Saitama	40
	Kanagawa	90
	Niigata	<u>60</u>
	Sub-total	750
Tokai	Shizuoka	10
	Aichi	20
	Toyama	<u>20</u>
	Sub-total	50
Kinki	Shiga	10
	Kyoto	60
	Osaka	810
	Hyogo	<u>120</u>
	Sub-total	1,000
Shikoku	Tokushima	<u>50</u>
	Sub-total	50

<u>District</u>	<u>Prefecture</u>	<u>Standard Coal Allocation</u>
Kyushu	Fukuoka	<u>100</u>
	Sub-total	100
	Grand Total	<u><u>2,000</u></u>

The yen value of production of medical supplies (medicines, biologicals, dental instruments, dental materials, rubber sanitary goods, medical instruments, and surgical dressings) for October, totaled ¥ 1,732,143,492. This total represents a decrease of approximately ¥ 87,000,000 below September production, a decrease of approximately ¥ 220,000,000 below the monthly production average for 3rd Quarter, CY 1948, an increase of approximately ¥ 300,000,000 above the production average 1st Half, CY 1948, and a decrease of approximately ¥ 100,000,000 below the 2nd Quarter, CY 1948, monthly production average. This overall decrease in October production was a reflection of the decreased allocations of coal available to the medical supply industry.

Controlled medicine production during October decreased approximately ¥ 14,000,000 compared to the September production. Controlled medicine production, however, remained adequate to provide sufficient quantities of essential medicines to meet domestic requirements.

Non-controlled medicine production during October decreased approximately ¥ 190,000,000 below the September production, but, at the same time, October production represented an increase above the monthly production averages of the 2nd Quarter and 1st Half, 1948.

Patent medicine production during October decreased approximately ¥82,000,000 below the September production. No shortages have been reported in the availability of adequate supplies of patent or home remedy medicines.

Production of miscellaneous drugs (pure mapharsen, bismuth subsalicylate injection and sulfathiazole) during October showed a substantial increase for bismuth subsalicylate and mapharsen but a slight decrease for sulfathiazole, when compared to the September production. Adequate inventory stocks are available for immediate distribution to proper consumers. Sulfadiazine production totaled 22 kgs. for October.

Production during October of the various sulfa drugs manufactured by a total of 50 producers totaled the following: sulfanilamide 11,969 kgs., acetylsulfonamide 3,589 kgs., sulfathiazole 5,614 kgs., sulfamethylthiazole 839 kgs., sulfapyridine 93 kgs., sulfaguanidine 1,398 kgs., sulfamerazine 423 kgs., homosulfamine 409 kgs., sulfadiazine 22 kgs.

Biological production during October was approximately doubled over the September production in yen value. Production activities are being expanded to provide the necessary quantities of biologicals to implement scheduled immunization programs complying with the new vaccination and immunization laws.

Production of penicillin during October totaled 295,019 vials of 100,000 oxford units each or a total of 29,501,900,000 oxford units. Actually, 40,969 additional vials were produced during October by the Meiji Seika Co., the consistent leader in penicillin. However, this production cannot be included as finished stock, since the assay had not been completed by the end of October. When the assay has been completed, the finished production will be more properly included in the November report.

Many manufacturers are now changing over from the calcium and sodium salt of penicillin to the penicillin G variety, as well as conducting experiments with a view toward future production of penicillin in wax.

Medical instrument production during October totaled 2,419,536 pieces valued at ¥ 35,521,480. This production was an increase of approximately 300,000 pieces and ¥ 2,400,000. At the same time this October production represented the largest monthly production ever reported.

Dental instrument production during October increased, in the number of pieces produced, above the September production by approximately 307,000 pieces, but decreased, in yen value, approximately ¥ 1,240,000. This can be explained by the relative increase in production of the smaller types of instruments such as nerve brouches and burrs for which the unit price does not compare with the more expensive pieces such as dental chairs, electric lathes, etc. Dental material production decreased ¥ 2,900,000 approximately below the September production. Adequate stocks of all dental instruments and materials are on hand to meet requirements.

Production during October of glass syringes for domestic use totaled 361,900 pieces of the various types and sizes of syringes. This total was comparable to the production of the previous two months of the year and to the 1948 quarterly averages of production. Adequate stocks are on hand to meet requirements.

Production of laboratory animals during October increased approximately 1,900 animals above the September production. Available supplies of animals are sufficient to meet the needs of all laboratories. Efforts are being made to obtain increased allocations of feed for the animals.

Production of x-ray and electrotherapy equipment during October increased substantially above all previous months of 1948 and the monthly production averages for 1946 and 1947. An unusually large number of luminous and intensifying screens were manufactured. Inventory stocks of all x-ray and electro-therapy equipment are sufficient to meet domestic requirements.

Rubber sanitary goods production during October totaled 40,338.82 kgs., valued at ¥ 24,022,497. The yen value was comparable to that reported for September production; but, the actual production was reduced by half in the same comparison. This was attributed to lack of delivery of full allocations for October.

Production of gauze, bandage cloth, and absorbent cotton from stocks of imported raw cotton during October totaled ¥ 234,360,906. This total was approximately four times the yen value of September production. Absorbent cotton production was doubled; gauze production, doubled; bandage production, quadrupled.

This production increase was attributed to the recent settlement and final establishment of new wholesaler and retailer prices for all types of textile materials. With the recent establishment of the new price schedule on all textile materials, the expected acceleration of deliveries of the raw materials from the spinning factories to the weaving mills to the textile sanitary material finishing mills took place.

Production of x-ray film during October totaled 36,162 square meters. This is an increase of approximately 12,000 square meters above the 1946 and 1947 monthly production averages and, at the same time, an increase of approximately 6,000 square meters above the 1st Quarter and 2nd Quarter 1948 monthly production averages, and an increase of 4,000 square meters over the 3rd Quarter 1948 monthly production average. October production represents the largest amount of x-ray film manufactured during any month since the initiation of the indigenous x-ray film production program.

Production of hexylresorcinol during October continued with a total production of 732.37 kgs. This is the largest amount produced during any month since the initiation of indigenous hexylresorcinol production. Further increases may be expected in future months.

Minimum standards for assay of the drug both in the crystalline form and in the finished coated pill form, have been completed. Approval of these standards

will be forthcoming, at which time the industry will receive official information from the Ministry of Welfare and instructions to produce the hexylresorcinol gelatin-coated pill.

Production of insect and rodent control supplies and equipment continued during October according to plan. Large inventory stocks are on hand of all types of dusting and spraying equipment sufficient to meet all requirements. An inventory stock of approximately 30 tons of Antu rat poison is on hand. Schedules for production of DDT products have been stepped up considerably to provide adequate supplies to meet requirements for the coming typhus fever season.

The attached tables (Incl. #4) indicate production of medical, dental and sanitary supplies and equipment.

SECTION VI

NARCOTIC CONTROL DIVISION

Narcotic Control Activities Report - October

The October report of narcotic control activities from the Ministry of Welfare contained the following information:

Total registrants	92,186
Arrests - Registered persons	19
Unregistered persons	70
Convictions - Registered persons	15
Unregistered persons	45
Thefts of narcotics (including one hospital)	25
Losses by fire and flood	20

Penalties for registrants varied from ¥100 fine to two years penal servitude including one suspended sentence. Penalties for non-registrants varied from ¥ 500 fine to two years penal servitude including 11 suspended sentences. Fourteen registrants were admonished for minor violations.

The report also summarized the activities of Narcotic Agents as follows:

Inspection of registrants	1,232
Investigations originated	140
Investigations concluded	145
Investigations not concluded	314

Prosecution of ten non-registrant violators of the Marihuana Control Law resulted in the following:

Nine defendants	¥ 5,000 fine each
One defendant	¥10,000 fine

SECTION VII

WELFARE DIVISION

Community Chest - Japanese Red Cross Joint Fund Campaign

The compilation of reports from all prefectures covering the progress of the "Joint Fund Campaign" reflects, as of 3 December, a total of ¥ 849,915,319.63 raised towards the established goal of ¥ 1,175,450,000.00 or 72.3% of quota.

Listed below are the progress reports of each prefecture, giving the date covering their last report. (Note: many prefectures, as will be noted below, are not keeping their reports reasonably current and it is requested that they be encouraged to submit their reports weekly).

Prefecture	Goal	Amount Collected	Date Reported	Per Cent
Hokkaido	70,000,000.00	55,656,500.00	30 Nov	79.5
Aomori	11,000,000.00	11,000,000.00	25 Nov	100.0
Iwate	17,000,000.00	17,000,000.00	14 Nov	100.0
Iiyagi	16,000,000.00	12,000,000.00	15 Nov	75.0
Akita	10,000,000.00	10,000,000.00	21 Nov	101.0
Yamagata	20,000,000.00	18,961,148.00	22 Nov	94.8
Fukushima	20,000,000.00	21,411,461.47	15 Nov	107.1
Ibaraki	15,000,000.00	13,966,038.00	20 Nov	93.1
Tochigi	21,000,000.00	17,222,000.00	30 Nov	82.0
Gunma	12,000,000.00	7,030,000.00	15 Nov	58.6
Saitama	16,000,000.00	17,314,204.00	15 Nov	108.2
Chiba	25,000,000.00	12,991,594.53	27 Nov	52.0
Tokyo	80,000,000.00	52,425,879.50	1 Dec	65.5
Kanagawa	70,000,000.00	39,659,891.00	24 Nov	56.7
Miigata	29,000,000.00	24,384,700.00	25 Nov	84.0
Toyama	13,000,000.00	13,065,841.98	15 Nov	100.5
Ishikawa	13,000,000.00	11,431,084.00	17 Nov	88.0
Fukui	13,000,000.00	11,616,124.38	15 Nov	89.5
Yamanashi	9,450,000.00	9,451,958.00	17 Nov	100.0
Nagano	30,000,000.00	27,728,000.00	20 Nov	92.5
Gifu	20,000,000.00	20,566,563.31	15 Nov	102.9
Shizuoka	20,000,000.00	20,108,405.00	20 Nov	100.0
Aichi	66,000,000.00	66,237,244.34	19 Nov	100.0
Mie	20,000,000.00	19,016,091.00	1 Dec	95.1
Shiga	11,000,000.00	10,230,000.00	27 Nov	93.0
Kyoto	50,000,000.00	14,637,380.00	23 Nov	29.3
Osaka	85,000,000.00	52,115,113.00	24 Nov	61.4
Hyogo	60,000,000.00	16,881,712.00	20 Nov	28.1
Nara	12,000,000.00	11,794,233.00	19 Nov	98.3
Nakayama	9,500,000.00	8,757,055.00	24 Nov	92.1
Tottori	9,000,000.00	2,510,274.00	28 Oct	27.9
Shimane	10,000,000.00	6,006,186.12	6 Nov	60.1
Okayama	21,000,000.00	18,546,170.00	18 Nov	88.4
Hiroshima	30,000,000.00	26,445,570.00	16 Nov	88.4
Yamaguchi	26,000,000.00	9,000,000.00	28 Nov	34.6
Tokushima	15,000,000.00	8,037,867.00	20 Nov	53.6
Kagawa	14,000,000.00	13,363,772.00	25 Nov	94.6
Ehime	25,000,000.00	21,259,000.00	17 Nov	85.1
Kochi	13,000,000.00	7,684,003.00	25 Nov	59.1
Fukuoka	50,000,000.00	26,052,008.00	25 Nov	52.1
Saga	12,500,000.00	12,500,000.00	31 Oct	100.0
Nagasaki	20,000,000.00	2,122,240.00	21 Nov	10.6
Kumamoto	21,000,000.00	19,898,582.00	1 Dec	94.8
Oita	18,000,000.00	16,360,265.00	30 Nov	91.0
Hiyazaki	10,000,000.00	11,000,000.00	31 Oct	110.0
Kagoshima	17,000,000.00	4,459,233.00	12 Nov	26.2

TOTAL ¥1,175,450,000.00

¥ 849,915,391.63

72.3%

Child Welfare

Funds have been secured by means of a supplementary budget to place into effect during December the Ordinance concerning Minimum Standards for Children's Institutions. Increases in allowances for care of children will be authorized concurrently. Copies of the Ordinance will be supplied as quickly as they become available.

SECTION VIII

SOCIAL SECURITY DIVISION

Social Insurance Statistics

The National Public Service Mutual Aid Associations (Kyosai Kumiai) constitute the more comprehensive of the two compulsory social insurance schemes for public workers. ^{1/} As of June 1948, the program consisted of 23 associations, one in each Ministry and major government enterprise, which were established separately and at different times beginning with the Railway Mutual Aid Association established in 1907. Only this year they were brought under a Diet Law, the National Public Service Mutual Aid Association Law, establishing standard provisions and common requirements, which became effective on 1 July 1948.

As of June 1948, the total membership reported was 2,213,219 public workers (1,065,745 "officials" and 1,146,974 others) plus an estimated total of 3,800,000 dependents. (This estimate is very likely to be low). The associations are of two types. The so-called Ministerial associations are established in the Prime Minister's Office, the Government Ministries, and for police and prison workers and national public school teachers. They account for a little less than one-half the total number covered but roughly three-fourths of all the "officials" covered. The Government Enterprise Associations are those established in the national government's monopoly and other industrial enterprises. They account for the remaining portion of the insured.

Associations of either type - with only a few exceptions - cover both career public servants called "officials" and other public workers not so classified but simply referred to as employees. However, the two types of association differ as to the scope of protection given to their members.

Government Enterprise Mutual Aid Associations offer both short-term and long-term protection, roughly the equivalent of that given under Health Insurance (plus a few additional benefits, see Table) and the Welfare Pension Insurance combined. Ministerial Mutual Aid Associations offer merely short-term protection approximately equivalent to that of Health Insurance.

The complementary long-term protection is afforded to "officials" under the Government Pension System. However, public workers employed in the Ministries and not classified as "officials" are not covered by the Government Pension System. They are left, to this date, without long-term protection. On the other hand, "officials" working in any of the government monopolies or other industrial enterprises are members of the association established therein and as such receive their short-term protection from the association, but not their long-term benefits. These they obtain under the Government Pension System.

Until 1 July 1948, Government Enterprise Mutual Aid Associations also paid benefits due for job-connected accidents, sickness, invalidity and death to their "employee" members. "Officials" and "employees" working in the Ministries received their accident compensation under a variety of laws and ordinances not administered by the Mutual Aid Associations except in a few special instances. Legally, all such benefits were taken out from the Mutual Aid system beginning 1 July 1948. They will be paid under the National Public Service Accident Compensation now before the Diet. Pending enactment of this Law however, occupational benefits continue

^{1/} For a summary of the Government Pension System (Onkyu) and its benefit disbursements see Public Health and Welfare Weekly Bulletin No. 100.

to be made in fact by some Government Enterprise Mutual Aid Association, presumably on a reimbursement basis, others use different make-shift devices.

The Mutual Aid system is financed from contributions by the insured and a government subsidy. The rates at which contributions are levied by the individual associations vary. They are proportionately higher for those protected against all risks than for those insured only against temporary disability, etc. (short-term risks.) In regard to the former, most associations levy a total of 7% and in regard to the latter a total of 2.2% of their base pay, excluding allowances. The government pays the total administrative cost, one-half of the short-term and 55% of the long-term benefit cost.

The publication of consolidated Mutual Aid statistics is a new venture, as monthly figures have never before been assembled for all the associations, hence the time-lag, the need for estimating certain data (number of dependents) and the absence of data on the duration of benefits. It is expected that these shortcomings will be overcome in the next few months. Such information on benefit awards as is currently available is given in Inclosure #5.

Japanese Nationals with Occupation Forces

The Insurance Bureau, Ministry of Welfare, has issued Hohatsu No. 92, dated 1 December 1948, subject: "With regard to the Application of Health Insurance Law and Welfare Pension Law to Japanese Personnel with Occupation Forces", to all Prefectural Governors. It makes these laws applicable to such workers in accordance with Article 13 Item 2 of the Health Insurance Law and Article 16 Item 2 of the Welfare Pension Law and will become effective 1 January 1949.

The Insurance Section, Welfare Department of each Prefectural Government will be the local agency responsible for the operational procedures.

On and after the effective date, all Japanese Nationals on duty with the Occupational Forces will be eligible for non-occupational sickness and injury benefits and will begin to establish pension rights.

The Insurance Bureau, Ministry of Welfare, is to disseminate necessary information, through the prefectural offices, to each employee informing him as to contributions, benefits, and rights.

SECTION IX

MEMORANDA TO JAPANESE GOVERNMENT

None.

Crawford F. Sams

CRAWFORD F. SAMS
Brigadier General, Medical Corps
Chief

7 Incls:

1. List of Official Correspondence of Ministry of Welfare for Period 11-16 Oct.
2. Venereal Disease Control under New Health Center System. (#5 in a Series on Reorganization of the Health Center System in Japan).
3. Communicable Disease Control Programs under Health Centers. (#6 in a Series on Reorganization of the Health Center System in Japan).
4. Tables of Distribution of Medical Supplies and Equipment - Jan - Oct 1948.
5. Social Insurance Statistics - Benefits Granted by National Public Service Mutual Aid Associations.
6. Report of Cases & Deaths of Communicable and Venereal Disease for Week Ended 27 November 1948.
7. Restricted Annex to Weekly Bulletin #101 (Information for Use of Military Government Teams Only).

Inclosures missing

